

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153601

FILED
May 07, 2008
Secretary of State

Entity Name: CAPITAL CITY MAINTENANCE, INC.

Current Principal Place of Business:

8412 IVY BROOK LN
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

97 BENTON RD
CRAWFORDVILLE, FL 32327 US

Current Mailing Address:

P.O. BOX 15124
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 20-0542928 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAUFFER, EDWARD B
8412 IVY BROOK LN
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

STAUFFER, EDWARD B
97 BENTON RD
CRAWFORDVILLE, FL 32327 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CARLOTTA S. STAUFFER

05/07/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STAUFFER, EDWARD B
Address: 8412 IVY BROOK LANE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: VP () Delete
Name: STAUFFER, CARLOTTA S
Address: 8412 IVY BROOK LANE
City-St-Zip: TALLAHASSEE, FL 32312 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STAUFFER, EDWARD B
Address: 97 BENTON RD
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: VP (X) Change () Addition
Name: STAUFFER, CARLOTTA S
Address: 97 BENTON RD
City-St-Zip: CRAWFORDVILLE, FL 32327 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOTTA S. STAUFFER

VP

05/07/2008

Electronic Signature of Signing Officer or Director

Date